

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)**

SERIAL NO.	FILING DATE
APPLICANT(S)	

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				61						
2		1		1			62						
3		2		1			63						
4							64						
5							65						
6							66						
7							67						
8							68						
9							69						
10							70						
11							71						
12							72						
13							73						
14							74						
15							75						
16							76						
17							77						
18							78						
19							79						
20							80						
21							81						
22							82						
23							83						
24							84						
25							85						
26							86						
27							87						
28							88						
29							89						
30							90						
31							91						
32							92						
33							93						
34							94						
35							95						
36							96						
37							97						
38							98						
39							99						
40							100						
41							TOTAL						
42							IND.						
43							DEP.						
44							TOTAL						
45							CLAIMS						
46													
47													
48													
49													
50													
TOTAL													
IND.													
DEP.													
TOTAL													
CLAIMS													